

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90259 010 \*\*\*150.00

**DOCUMENT # P02000056035**

1. Entity Name  
**KAS COMPUTERS, INC.**



Principal Place of Business  
**5450 WEST HILLSBORO BLVD. 9  
MARGATE FL 33063**

Mailing Address  
**5450 WEST HILLSBORO BLVD. 9  
MARGATE FL 33063**



2. Principal Place of Business

3. Mailing Address

**5450 West Hillsboro Blvd**

**5450 West Hillsboro Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#9**

**#9**

City & State

City & State

**Coconut Creek**

**Coconut Creek, FL**

Zip

Zip

**33073**

Country

Country

**USA**

**33073**

Country

**USA**

4. FEI Number

**65-1110313**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FINANCIAL FOUNDATIONS, INC.  
3150 SANDY RIDGE DR.  
CLEARWATER FL 33761**

Name

**Epcor, Kris Smalls**

Street Address (P.O. Box Number is Not Acceptable)

**5450 West Hillsboro Blvd #9**

City

**Coconut Creek**

**FL**

Zip Code  
**33073**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/5/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **SMALLS, KRIS A**  
CITY-ST-ZIP **5450 WEST HILLSBORO BLVD. 9  
MARGATE FL 33063**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **Coconut Creek, FL 33073**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Smalls

**1/5/03**  
Date

**954-571-9300**  
Daytime Phone #

CR2E034 (10/02)